



Updating Financial Eligibility for Patients Who Obtain Benefits During Treatment

Sage Patient Management System:
Services, Data, and Claims

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Patients Who Obtain Benefits During Treatment

SAPC currently allows up to 30 days of reimbursable treatment at admission only per patient per year while providers assist patients in applying for benefits or transferring Medi-Cal to LA County. This policy does not apply to patients who lose their benefits during treatment and are working to be reinstated. Patients whose current Medi-Cal is assigned to a different county (not LA County) are treated the same as “Applying for Medi-Cal” within Sage and should be indicated as such. Patients who are “Applying for Medi-Cal” (or transferring Medi-Cal county to LA) need to have this indicated on their Financial Eligibility with a primary guarantor of “Applying for Medi-Cal” and a secondary guarantor of “LA County-Non DMC” as seen in Figure 1 below. SAPC has noted a large number of state denials related to providers entering DMC as the primary guarantor for patients with out of county Medi-Cal. To avoid unnecessary denials, it is very important to utilize “Applying for Medi-Cal” for all patients whose Medi-Cal is assigned to another county.

Guarantor Selection	
Change Order	Guarantor Name
↓ ↑	Applying for Medi-Cal
↓ ↑	LA County - Non DMC
<div> -- Guarantors -- </div> <div>Add Guarantor</div>	

Figure 1: Applying for Medi-Cal

During the course of treatment, providers must assist the patient in applying for Medi-Cal, either in person at a local DPSS office, through the Customer Service Center 899-613-3777, or via the [Your Benefits Now \(YBN\)](#) portal.

Once the patient is officially enrolled in Medi-Cal, providers must immediately update their Financial Eligibility in Sage by adding the DMC guarantor with the effective date of Medi-Cal. Providers need to also update the “Applying for Medi-Cal” guarantor with the “Coverage Expiration Date” to the day before Medi-Cal was effective (Figure 2).

Coverage Expiration Date
05/31/2020
Effective Date Of Contract
01/01/2000

Figure 2: Coverage Expiration Date for Applying for Medi-Cal After Benefits Acquisition

The “DMC Medi-Cal” guarantor must be added and set as the primary guarantor using the “Change Order” arrows to move “California Department of Alcohol and Drugs” to the top of the list order (Figure 3). Providers must ensure the “**Coverage Effective Date**” (Figure 4) within the guarantor details corresponds to the same date the Medi-Cal benefits became effective. This information is available on the benefits card or the notification sent to the patient. It is recommended that the patient apply online through the YBN portal so that any needed information can be accessed online easily.

Guarantor Selection	
Change Order	Guarantor Name
↓ ↑	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU
↓ ↑	LA County - Non DMC
↓ ↑	Applying for Medi-Cal
-- Guarantors -- ▼ Add Guarantor	

Figure 3: Benefits Acquired During Treatment

Coverage Effective Date
06/01/2020

Figure 4: DMC guarantor Coverage Effective Date- Reflects first date of active coverage

Additionally, DMC guarantors must have a policy number AND a Subscriber Client Index Number (CIN) listed on the guarantor details page (figure 5). SAPC recommends using the CIN for both the policy number and CIN fields.

Subscriber Policy Number	90000000A
Subscriber Medicaid #	
Subscriber Client Index #	90000000A

Figure 5: Policy and CIN#- Guarantor Details

Patients may also enter treatment as other County Funding enrolled (AB 109, JJCPA, Drug Court, etc.) or eligible for MHLA benefits and apply at the time of admission similar to “Applying for Medi-Cal”. However, since there is no “Applying for MHLA” option as a guarantor, providers should list this as “LA County-Non DMC” only.

MHLA applications are typically processed much quicker than DMC applications, sometimes within a few days of application. Providers may decide to wait before entering the Financial Eligibility or submitting an authorization until the application is approved and an MHLA number is assigned. This could avoid having multiple authorizations for the same treatment episode.

Providers must identify and update the Cal-OMS Admission information as needed to include the relevant Funding Program information (see figure 6).

CIN	Other Funding Programs (Choose all that apply) Juvenile In Custody Probation Camp <input checked="" type="checkbox"/> My Health LA None Perinatal Service Private Pay Probation / Day Reporting Center Probation JJCPA Probation Title IV E Prop 47 Prop 57 <small>Ctrl-click to choose multiple items. If Medi-Cal beneficiary is "Yes" or "Pending", My Health LA cannot be selected</small>
Probation PDJ Number	CalWORKs Case Number
Please select camp: -Please Choose One-	Other Camp (Specify):
General Relief Case Number	DCFS Case Number
Drug Court Case Number	AB 109 Case Number
AB 109 PB Number	CalWORKs Recipient No
Substance Abuse Treatment Under CalWORKs No	What is your My Health LA Participant ID (13 digits)?
Please select MHLA medical home provider/clinic: -Please Choose One-	Is the client in or being admitted to Recovery Bridge Housing? No

Figure 6: Entering Other Funding Programs or MHLA Information on Cal-OMS Admission